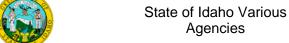
## Bill To: State of Idaho Various Agencies **Various State Agencies**

located throughout Idaho

Various, ID 83701



## Statewide Blanket Purchase Order **Contract Renewal - 03**

Statewide Blanket Purchase Order SBPO1184 - 03

**DELIVER TO: State of Idaho Various Agencies** 

Various State Agencies located throughout Idaho

Various, ID 83701

**VENDOR: Cardinal Health** 

**Pharmaceutical Distribution 801 C Street Northwest** Auburn, WA 98001 **Attn: Sales Consultant** 

Vendor Nbr:

Emailed To: <u>Larry.F.Johnson@cardinalhealth.com</u>

Phone: 800 456-5550 Fax: 253 833-9402

**Account Number: P00000052352** 

Date: Wed Mar 26, 2008

F.O.B: Destination

Terms:

Start of Service Date Thu May 01, 2008

End of Service Date: Thu Apr 30, 2009

Solicitation#: RFQ03969

DOC#: PREQ7669

Buyer: MARY JEPSEN 208-332-1607

| Item No | Description  | Quantity<br>UOM | Unit<br>Price | EXTENSION  |  |  |
|---------|--|-----------------|---------------|------------|--|--|
| 000     | BLANKET PURCHASE AGREEMENT ( line item particulars follow )  | 1 lot           |               | 1000000.00 |  |  |
|         | Total  |                 |               | 1000000.00 |  |  |
|         | SBPO1184 RENEWAL  This Contract Extension or Renewal and the provisions hereof are hereby attached to and made part of that certain St Idaho contract number SBPO1184, dated May 1, 2004 for Pharmaceutical Products and Services, for State of Idaho Heal facilities as per State of Minnesota (MMCAP) contract #MMS24001, dated December 1, 2003, between Cardinal Heal "Contractor" and the State of Idaho as "State." Contractor and State hereby agree as follows:  Blanket All of the terms and conditions contained in the Contract shall remain in full force and effect, except as expressly more herein. The effective date of this RENEWAL is May 1, 2008.  This Contract is renewed or extended for one (1) year commencing May 1, 2008, and expiring April 30, 2009. The same conditions and prices prevail for the contract renewal period.  The dollar amount listed in the contract renewal pricing is an estimate and cannot be guaranteed. The actual dollar amount be Contract may be more or less depending on the actual orders, requirements, or tasks given to the Contractor by the St may be dependent upon the specific terms of the Contract. |                 |               |            |  |  |
| Item No | Description  | Quantity<br>UOM | Unit<br>Price | EXTENSION  |  |  |
|         | Pharmaceutical Products and Services for Northern Idaho Healthcare Facilities as per   |                 |               |            |  |  |

| Item No | Description  | Quantity<br>UOM | Unit<br>Price | EXTENSION  |
|---------|--|-----------------|---------------|------------|
| 001     | Pharmaceutical Products and Services for Northern Idaho Healthcare Facilities as per MMCAP contract. | 1<br>YR         | 1000000.00    | 1000000.00 |
|         | (948-72) (nt)  |                 |               |            |

## NOTICE OF STATEWIDE CONTRACT (SBPO) AWARD

Contract for Pharmaceutical Products and Services for State of Idaho Healthcare facilities as per State of Minnesota (MMCAP) contract #MMS24001, dated December 1, 2003. Individual healthcare facilities will issue individual releases (delivery or purchase orders) against this Master Contract on an as needed basis.

Contract Title:.....Pharmaceuticals

## General Comments:

Delivery Zone/Area:.....Statewide

Contract Usage Type:.....Optional Use

Public Agency Clause: .....Yes

| Contract Administration:Mary Jepsen   |                 |  |  |  |  |
|---|-----------------|--|--|--|--|
| Phone Number:208-332-1607   |                 |  |  |  |  |
| E-Mail:mary.jepsen@adm.idaho.gov<br>Contractor's Primary Contact  |                 |  |  |  |  |
| Attn:James L. Scott   |                 |  |  |  |  |
| Phone Number:614-553-3554   |                 |  |  |  |  |
| E-Mail:james.scott@cardinal.com CONTRACTOR: Ship to the FOB DESTINATION point and BILL DIRECTLY to the ORDERING AGENCY. DO NOT MAIL INVOICE TO THE DIVISION OF PURCHASING. Quantities listed in this contract are an estimate of yearly purchases by state facilities. The state cannot guarantee and shall not be held liable for any estimated purchases or dollar amounts. |                 |  |  |  |  |
| Instructions:<br>Freight / Handling Included in Price   |                 |  |  |  |  |
|   | By: MARY JEPSEN |  |  |  |  |
|   |                 |  |  |  |  |
|   |                 |  |  |  |  |
|   |                 |  |  |  |  |

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